

CONTRACTORS STATE LICENSE BOARD

9835 GOETHE ROAD, SACRAMENTO, CALIFORNIA MAILING ADDRESS: P.O. Box 26000 SACRAMENTO, CALIFORNIA 95826



ATTENTION: REGISTRAR'S OFFICE

CSLB Client Services Complaint & Suggestion Form

Please use this form for making suggestions or filing complaints concerning the services provided by the Contractors State License Board (CSLB). Please provide as much information as possible including dates and times, phone numbers called and/or offices visited and names of CSLB staff contacted so that we can respond appropriately to your concerns. Every effort will be made to contact you within 15 working days of receiving your suggestion or complaint. Thank you for taking the time to help us enhance our services to California citizens.

YOUR NAME:				DAY TIME PHONE:	
ADDRESS:	(Last)	(First)	(Middle)	(Area Code) HOME PHONE:	(Phone Number)
	(Number or PC	Box) (St	reet)	(Area Code)	(Phone Number)
				Are you a licensed contractor? Yes 🗆	No□
	(City)	(State)	(Zip Code)	4	(License No.)
lease state v	our suggestic	on or complain	t below (attach ad	lditional sheets if necessary):	
		-	,		
		_ · • · · · · · · · · · · · · · · · · ·			
					· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·			
<u> </u>					